



BID SOLICITATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

BUYER: ALMA MILLER
PHONE #: (401) 222 - 2142 ext. 124
BLANKET PERIOD: 5/1/05 - 6/30/06

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MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH ELEANOR SLATER HOSPITAL
ZAMBARANO UNIT
2090 WALLUM LAKE ROAD
PASCOAG RI 02859-1813

BID NUMBER: B04831
TITLE: AUTO. BLOOD PRESSURE MONITOR
BID OPENING DATE AND TIME:
03/21/2005 2:20 PM

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MENTAL HEALTH, RETARDATION & HOSPITALS
MHRH-ESH ELEANOR SLATER HOSPITAL
ZAMBARANO UNIT
2090 WALLUM LAKE ROAD
PASCOAG RI 02859-1813

Requisition Number(s): R76D057475

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENT: 05/01/05 - 06/30/06</p> <p>BIDDING</p> <p>(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.</p> <p>(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.</p> <p>(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.</p> <p>(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.</p> <p>ORDERING</p> <p>(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.</p> <p>(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.</p>				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.



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	AWARDS EXTENDING BEYOND JUNE 30TH ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.				
1.0	465-11 OMRON CLINICAL AUTOMATIC BLOOD PRESSURE MONITOR MODEL NO. HEM-907XL PRICE TO INCLUDE: RECHARGEABLE BATTERY PACK FOUR CUFF/BLADDER SET SET INCLUDE: SMALL, MEDIUM, LARGE & X-LARGE CUFF & BLADDER	15.00	EA		
2.0	465-11 FLOOR STAND MODEL NO. HEM-907-STAND NO SUBSTITUTION PRICE TO INCLUDE FREIGHT	15.00	EA		

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	ARE YOU BIDDING AS SPECIFIED? _____ DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.				
				TOTAL:	_____

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